



Mohammed Choudhury
State Superintendent of Schools

TO: Members of the State Board of Education
FROM: Mohammed Choudhury
DATE: March 22, 2022
SUBJECT: School Logistics and Transmission Rates related to COVID-19 - Update

PURPOSE:

The purpose of this item is to provide an update on school logistics and transmission rates related to the COVID-19 pandemic.

BACKGROUND/HISTORICAL PERSPECTIVE:

Beginning with the September 28, 2021, State Board meeting, and for each subsequent State Board meeting, updates are provided on school logistics and transmission rates related to the COVID-19 pandemic.

EXECUTIVE SUMMARY:

Data is provided on how the local school systems are addressing vaccinations, COVID-19 testing, data on the number of students and staff who have needed to be quarantined, positivity rates, 7-Day moving average case rates per 100K by jurisdiction, community transmission levels, and statewide hospitalizations. The March 22, 2022, presentation will also cover information from the newest Centers for Disease Control and Prevention (CDC) guidance (February 25, 2022), update on local school systems that have lifted the mask mandate in schools and on buses, county wide vaccination rates for ages five and older, death rates, CDC Community Level data and recommendations, and review of the New Interim K-12 School and Child Care COVID-19 Guidance (March 2, 2022).

ACTION:

For discussion only.

ATTACHMENT:

School Logistics and Transmission Rates Related to COVID-19 - Update PowerPoint March 22, 2022
MSDE – Board of Education Meeting MDH K-12 Testing Metrics & Materials 03/10/2022 PowerPoint

School Logistics and Transmission Rates Related to COVID -19 - UPDATE

MARYLAND STATE BOARD OF EDUCATION | March 22, 2022

Presented By | Dr. Sylvia Lawson



Presentation Highlights

- Data collected related to COVID-19 logistics from the 24 local education agencies (LEAs) through March 16, 2022 (LEAs update the data weekly)
- Data published by the Maryland Department of Health (MDH) and the Centers for Disease Control (CDC) on positivity rates, 7-day moving average new daily case rates per 100K population for each jurisdiction, vaccination rates, hospitalization rates, and death rates
- The CDC's new COVID-19 community levels metric
- MDH and federal guidance and testing programs
- MDH/MSDE's new Interim K-12 School and Child Care COVID-19 Guidance

PRESENTATION OUTLINE

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
3. March 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
4. Current Rates
5. CDC COVID-19 Community Levels
6. New Interim K-12 School and Child Care COVID-19 Guidance



Vaccinations and COVID-19 Testing

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Update on Vaccinations and Testing

Reported Percentage of Teachers Vaccinated (as of 03/16/2022)

LEA	%	LEA	%	LEA	%
Allegany County	75%	Charles County	70-80%	Prince George's County	90%
Anne Arundel County	91%	Dorchester County	48%	Queen Anne's County	Approximately 78%
Baltimore City	97%	Frederick County	70%+	Somerset County	68%
Baltimore County	83%	Garrett County	85%	St. Mary's County	89%
Calvert County	82%	Harford County	74%	Talbot County	85%
Caroline County	62%	Howard County	94%	Washington County	72%+
Carroll County	85%	Kent County	80%	Wicomico County	Approximately 67%
Cecil County	85%	Montgomery County	95%	Worcester County	66%

COVID-19 Testing Definitions

Diagnostic Testing – is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or is asymptomatic, but has recent known or suspected exposure to SARS-CoV-2. Examples of diagnostic testing include:

- Testing persons with symptoms consistent with COVID-19, whether or not they are vaccinated.
- Testing persons as a result of contact tracing efforts.
- Testing persons who indicate that they were exposed to someone with a confirmed or suspected case of COVID-19.

Screening Tests – are recommended for unvaccinated (or vaccinated) people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. Examples of screening tests include:

- Testing students, faculty, and staff in a school or university setting.

Test-to-Stay (TTS) – is a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated (or are fully vaccinated) to continue in-person learning during their quarantine period. While implementation of TTS may vary, contact tracing and testing as well as masking of contacts during their in-school quarantine period are integral to minimize risk of transmission.

[Definitions retrieved from the Center for Disease Control \(CDC\) - Overview of Testing & Test-to-Stay](#)

MDH K-12 COVID-19 Screening Program Available to LEAs and Non-Public Schools

Since July 2021, the MDH and the MSDE have offered the opportunity for LEAs and non-public schools to participate in a free K-12 COVID-19 Screening Testing Program.

The testing program operates in conjunction with the Diagnostic Testing Program.

Participating schools and school systems must complete an application and choose from a variety of State-contracted testing vendors who provide end-to-end testing services onsite in schools.

Testing vendor services include:

- Conducting an assessment to assist in identifying school testing needs;
- Providing clinical staff to administer tests and assist with test collection;
- Transferring tests to laboratories;
- Communicating test results through their resulting portal; and
- Reporting results to schools and health authorities.

Source: Maryland Department of Health


MDH K-12 Testing – Screening Program Metrics

MDH K-12 Testing – Screening Program Metrics



Total # of Tests Administered by Month in 2022	
Month in 2022	# of Tests Administered
January	323,394
February	369,329
March 1-10	60,299

Source: Maryland Department of Health

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1. Vaccinations and COVID-19 Testing
 2. **Quarantine and COVID-19 Data**
 3. March 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
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 6. New Interim K-12 School and Child Care COVID-19 Guidance

Quarantine and COVID-19 Data

Quarantine and COVID-19 Data Progressions

Interim K-12 School and Child Care COVID-19 Isolation and Quarantine Guidance

MSDE/MDH guidance to all LEAs, non-public schools, and licensed child care providers (January 7, 2022). The main recommendations (based on the latest CDC guidance) include:

- **All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should stay home for at least 5 full days** from the date of symptom onset (if symptomatic) or the date of the positive test if no symptoms.
- **Vaccinated persons** (provided they meet specific criteria) **do not need to quarantine if exposed** to someone with COVID-19.
- **Unvaccinated persons** and those who have not received booster shots **should quarantine for at least 5 days if exposed** to someone with COVID-19.

LEA	Dec 7	Jan 25	Feb 22	Mar 22
Allegany	2	63	27	6
Anne Arundel	183	731	0	*0
Baltimore City	8	103	81	3
Baltimore County	10	62	*0	*0
Calvert	5	80	16	4
Caroline	0	4	0	0
Carroll	8	64	0	0
Cecil	59	642	196	21
Charles	1	22	19	*0
Dorchester	6	70	41	7
Frederick	8	96	31	1
Garrett	1	18	0	0
Harford	12	154	34	9
Howard	3	213	74	39
Kent	2	32	8	1
Montgomery	8	408	102	25
Prince George's	28	638	242	67
Queen Anne's	2	15	5	0
Somerset	1	25	10	0
St. Mary's	1	18	4	2
Talbot	0	16	8	1
Washington	0	4	3	0
Wicomico	17	69	67	23
Worcester	13	164	116	9

Staff Quarantine Progressions by LEA

Column 1 (Dec 1 data reported on Dec 7)

represents the number of staff quarantines reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 2 (Jan 19 data reported on Jan 25)

represents the number of staff quarantines reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 3 (Feb 16 data reported on Feb 22)

represents the number of staff quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

Column 4 (Mar 16 reported on Mar 22)

represents the number of staff quarantines reported between the 02/22/2022 and 03/22/2022 State Board meetings.

*LEA contact tracing now provided by local health department.

LEA	Dec 7	(%)	Jan 25	(%)	Feb 22	(%)	Mar 22	(%)
Allegany	123	(1.5)	910	(11.2)	512	(6.3)	61	(0.8)
Anne Arundel	2,110	(2.5)	10,028	(12.0)	0	(0.0)	*0	*(0.0)
Baltimore City	531	(0.7)	1,930	(2.5)	318	(0.4)	37	(0.0)
Baltimore County	345	(0.3)	2,657	(2.4)	*0	*(0.0)	*0	*(0.0)
Calvert	39	(0.3)	933	(6.0)	47	(0.3)	9	(0.1)
Caroline	32	(0.6)	707	(12.7)	41	(0.7)	8	(0.1)
Carroll	523	(2.1)	3,406	(13.9)	275	(1.1)	74	(0.3)
Cecil	182	(1.2)	2,015	(13.5)	690	(4.6)	5	(0.0)
Charles	21	(0.1)	562	(2.0)	499	(1.8)	*5	*(0.0)
Dorchester	171	(3.7)	1,024	(22.3)	972	(21.2)	273	(5.9)
Frederick	172	(0.4)	2,931	(6.4)	1,018	(2.2)	140	(0.3)
Garrett	127	(3.6)	566	(16.2)	229	(6.5)	101	(2.9)
Harford	877	(2.3)	4,499	(11.8)	519	(1.4)	124	(0.3)
Howard	923	(1.6)	9,842	(17.1)	470	(0.8)	363	(0.6)
Kent	30	(1.8)	285	(16.7)	137	(8.0)	6	(0.4)
Montgomery	291	(0.2)	14,765	(9.3)	7,529	(4.7)	1,068	(0.7)
Prince George's	296	(0.2)	4,462	(3.4)	1,681	(1.3)	278	(0.2)
Queen Anne's	88	(1.2)	647	(8.7)	154	(2.1)	33	(0.4)
Somerset	33	(1.2)	215	(7.8)	291	(10.6)	33	(1.2)
St. Mary's	29	(0.2)	854	(4.9)	440	(2.5)	48	(0.3)
Talbot	108	(2.4)	1,020	(22.3)	480	(10.5)	156	(3.4)
Washington	162	(0.7)	509	(2.3)	228	(1.0)	9	(0.0)
Wicomico	373	(2.5)	1,629	(11.0)	1,296	(8.8)	96	(0.7)
Worcester	158	(2.3)	1,312	(19.3)	629	(9.3)	75	(1.1)

Student Quarantine Progressions by LEA

Column 1 (Dec 1 data reported on Dec 7) represents the number of student quarantines reported between the 11/16/2021 and 12/07/2021 State Board meetings.

Column 2 (Jan 19 data reported on Jan 25) represents the number of student quarantines reported between the 12/07/2021 and 01/25/2022 State Board meetings.

Column 3 (Feb 16 data reported on Feb 22) represents the number of student quarantines reported between the 01/25/2022 and 02/22/2022 State Board meetings.

Column 4 (Mar 16 reported on Mar 22) represents the number of student quarantines reported between the 02/22/2022 and 03/22/2022 State Board meetings.

*LEA contact tracing now provided by local health department.

LEA	Dec 7	Jan 25	Feb 22	Mar 22
Allegany	6	148	59	17
Anne Arundel	56	925	278	35
Baltimore City	54	391	168	19
Baltimore County	40	2,449	479	130
Calvert	6	139	44	9
Caroline	2	111	30	13
Carroll	8	366	87	5
Cecil	29	316	114	19
Charles	15	562	90	*11
Dorchester	7	81	41	3
Frederick	29	606	192	46
Garrett	1	56	22	13
Harford	50	546	117	30
Howard	28	359	177	34
Kent	3	28	10	1
Montgomery	20	3,781	600	109
Prince George's	21	1,403	245	21
Queen Anne's	2	60	70	15
Somerset	0	35	20	3
St. Mary's	3	223	94	24
Talbot	0	40	20	3
Washington	36	377	135	14
Wicomico	8	88	77	5
Worcester	11	92	77	9

Staff COVID Case Progressions by LEA

Column 1 (Dec 1 data reported on Dec 7)

represents the number of staff COVID cases reported between the 11/16/2021 and 12/07/2021 State Board meetings.

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represents the number of staff COVID cases reported between the 02/22/2022 and 03/22/2022 State Board meetings.

*LEA is no longer collecting this metric.

LEA	Dec 7	(%)	Jan 25	(%)	Feb 22	(%)	Mar 22	(%)
Allegany	61	(0.8)	669	(8.2)	461	(5.7)	70	(0.9)
Anne Arundel	308	(0.4)	5,178	(6.2)	2,269	(2.7)	418	(0.5)
Baltimore City	253	(0.3)	1,099	(1.4)	623	(0.8)	85	(0.1)
Baltimore County	120	(0.1)	4,965	(4.5)	1,626	(1.5)	331	(0.3)
Calvert	53	(0.3)	1,151	(7.4)	482	(3.1)	71	(0.5)
Caroline	12	(0.2)	476	(8.5)	126	(2.3)	40	(0.7)
Carroll	209	(0.9)	2,484	(10.1)	1,123	(4.6)	197	(0.8)
Cecil	74	(0.5)	812	(5.5)	361	(2.4)	58	(0.4)
Charles	48	(0.2)	2,117	(7.6)	711	(2.6)	*65	*(0.2)
Dorchester	12	(0.3)	448	(9.8)	259	(5.6)	25	(0.5)
Frederick	196	(0.4)	4,039	(8.9)	1,274	(2.8)	192	(0.4)
Garrett	39	(1.1)	234	(6.7)	152	(4.3)	55	(1.6)
Harford	309	(0.8)	2,885	(7.6)	797	(2.1)	152	(0.4)
Howard	165	(0.3)	2,053	(3.6)	910	(1.6)	215	(0.4)
Kent	5	(0.3)	111	(6.5)	66	(3.9)	3	(0.2)
Montgomery	101	(0.1)	18,476	(11.6)	2,937	(1.8)	468	(0.3)
Prince George's	72	(0.1)	1,930	(1.5)	1,476	(1.1)	61	(0.0)
Queen Anne's	57	(0.8)	608	(8.1)	265	(3.5)	45	(0.6)
Somerset	7	(0.3)	68	(2.5)	88	(3.2)	10	(0.4)
St. Mary's	21	(0.1)	1,125	(6.4)	693	(4.0)	108	(0.6)
Talbot	26	(0.6)	321	(7.0)	208	(4.5)	29	(0.6)
Washington	241	(1.1)	1,851	(8.3)	701	(3.2)	87	(0.4)
Wicomico	33	(0.2)	235	(1.6)	352	(2.4)	19	(0.1)
Worcester	19	(0.3)	498	(7.3)	287	(4.2)	20	(0.3)

Student COVID Case Progressions by LEA

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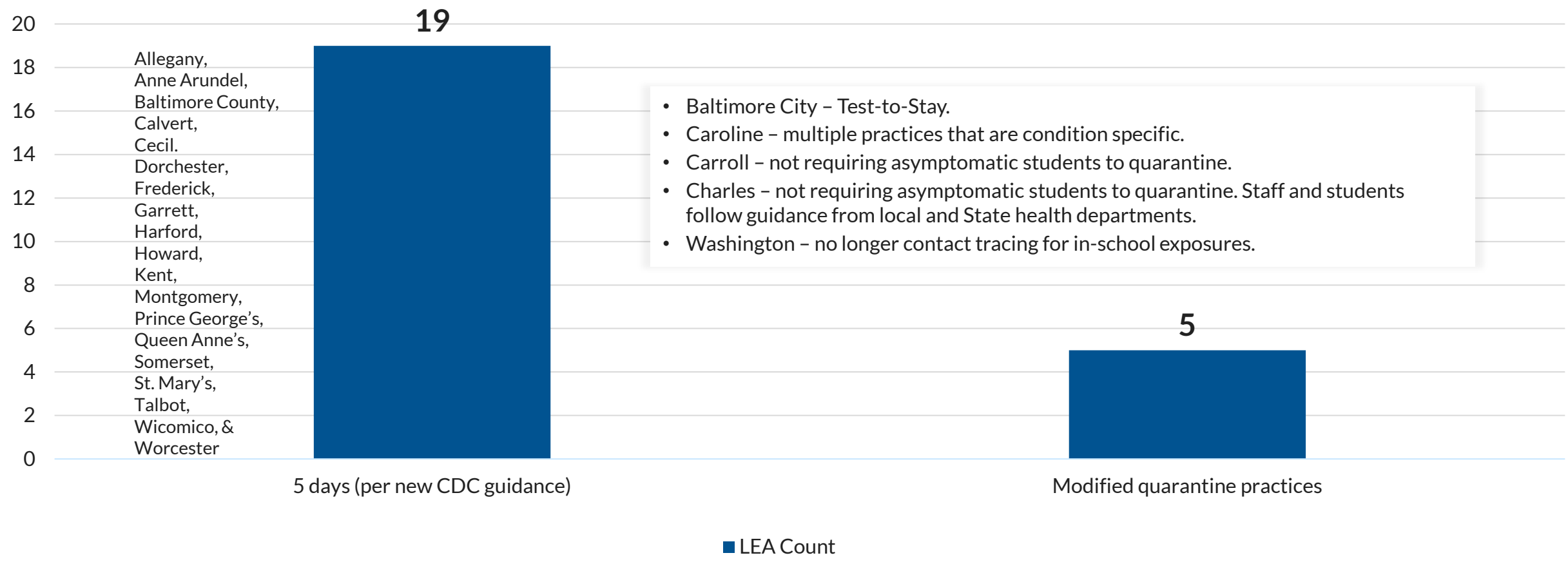
Column 4 (Mar 16 reported on Mar 22)
represents the number of student COVID cases reported between the 02/22/2022 and 03/22/2022 State Board meetings.

*LEA is no longer tracking this metric.

Quarantine Practices

Current and Modified Quarantine Practices

UPDATED 03/16/2022





March 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
3. **March 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies**
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Updates on LEAs COVID Protocols

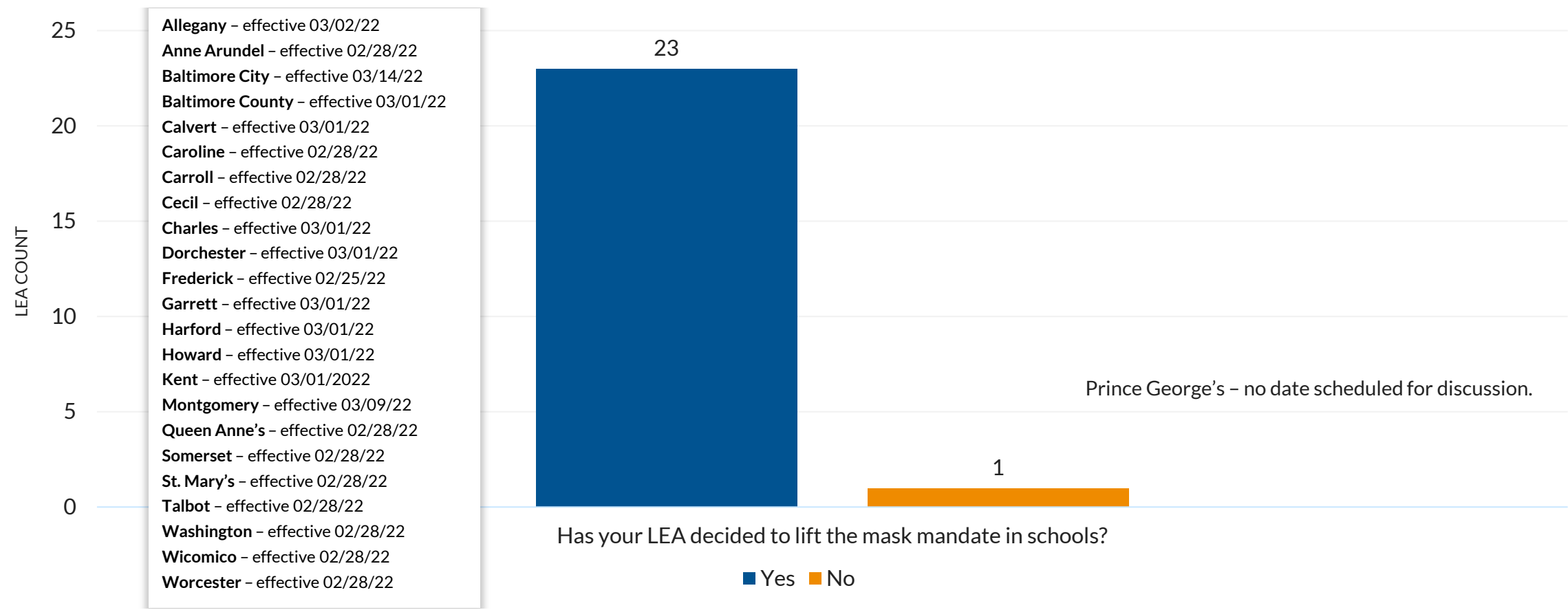
Masking Requirement Lifted by the CDC

Effective February 25, 2022, the CDC recommended the end to universal indoor mask wearing in K-12 schools and early education settings in areas with a low or medium COVID-19 community levels.

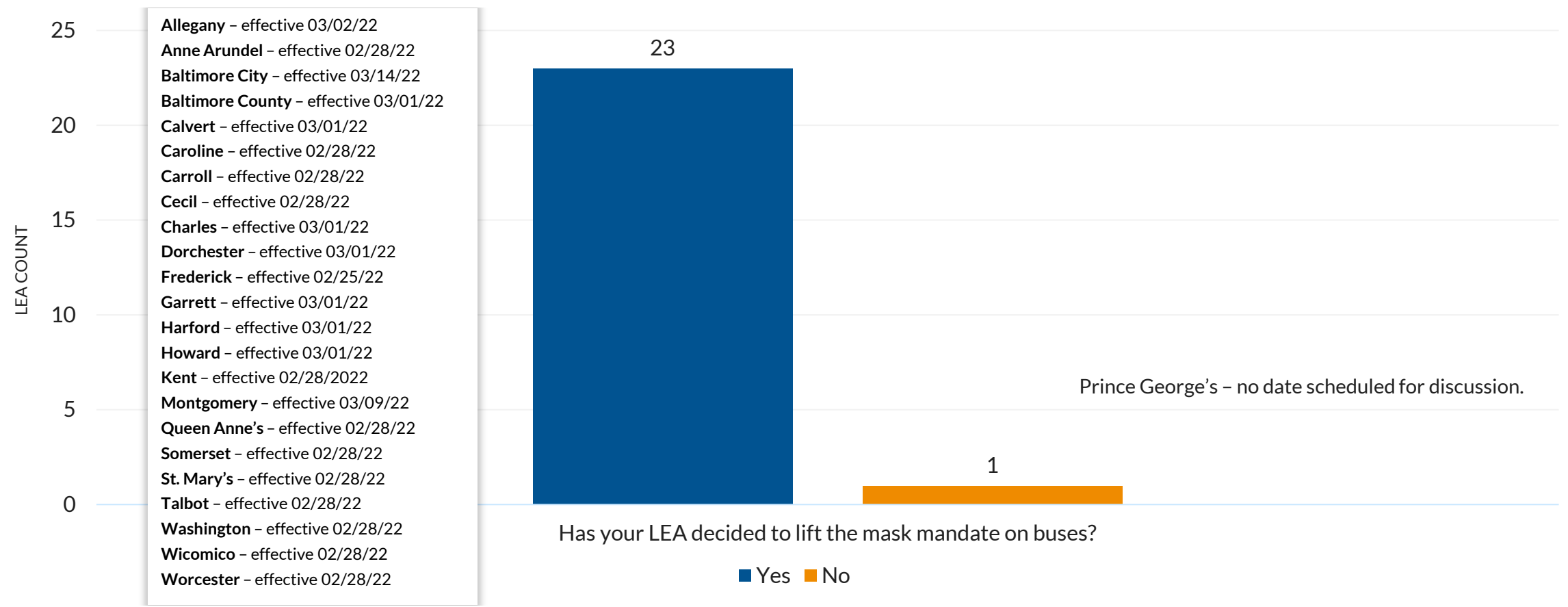
To align with this updated guidance, the CDC no longer requires the wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.

LEAs, at their discretion, can continue to require masks on buses or vans.

Lifting of Mask Mandates in Schools



Lifting of Mask Mandates on Buses



Updated Testing Models as of March 2022

Diagnostic testing (testing for students with symptoms)

- Anne Arundel, Baltimore County, Calvert, Cecil, Dorchester, Frederick, Garrett, Harford, Howard, Montgomery, Queen Anne's, Somerset, Washington, Wicomico, and Worcester

Screening testing in various formats (grades levels, random, voluntary, weekly, etc.)

- Anne Arundel, Baltimore County, Caroline, Charles, Dorchester, Garrett, Howard, Montgomery, Prince George's, and Talbot

Screening testing for students in extracurricular activities (athletics, clubs, etc.)

- Baltimore County, Dorchester, and Howard

Test-to-Stay

- Baltimore City and Cecil

Utilizing a centralized testing site or local wellness center

- Caroline, Carroll, Garrett (by end-of-month), Harford, and Wicomico

Distributing at-home tests (PCR, rapid antigen, Binax, etc.)

- Baltimore County, Dorchester, Frederick, Harford, Montgomery, and Talbot

Not testing

- Allegany, Kent, and St. Mary's



Current Rates

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Overview of Rates in Maryland

Daily Positivity Rate (as Reported by MDH)

County	Feb 24	March 3	March 10	March 17
Statewide	2.8%	1.9%	1.6%	1.5%
Allegany	7.5%	6.6%	2.6%	1.0%
Anne Arundel	3.5%	2.9%	2.5%	2.2%
Baltimore	2.7%	1.7%	1.3%	1.5%
Baltimore City	1.9%	0.8%	0.7%	0.9%
Calvert	4.1%	3.3%	2.1%	1.7%
Caroline	4.1%	1.6%	2.6%	1.5%
Carroll	5.5%	4.3%	3.4%	2.9%
Cecil	5.0%	3.4%	3.8%	2.2%
Charles	2.3%	1.3%	2.0%	1.3%
Dorchester	5.1%	2.3%	2.6%	1.6%
Frederick	4.5%	3.7%	2.8%	2.7%
Garrett	11.6%	10.2%	5.6%	9.3%
Harford	3.7%	2.8%	2.9%	2.3%
Howard	3.4%	2.8%	2.3%	2.2%
Kent	3.8%	3.1%	1.0%	0.6%
Montgomery	2.2%	1.4%	1.5%	1.3%
Prince George's	2.2%	1.6%	1.6%	1.2%
Queen Anne's	4.1%	2.6%	2.2%	4.3%
St. Mary's	5.1%	2.8%	3.4%	2.2%
Somerset	5.0%	2.2%	1.0%	1.5%
Talbot	4.7%	2.7%	1.4%	3.2%
Washington	6.5%	3.8%	2.3%	2.7%
Wicomico	5.3%	4.0%	3.0%	3.4%
Worcester	5.0%	3.8%	3.2%	1.2%

Source: https://state-of-maryland.github.io/DailyPositivitybyJurisdiction/index_fullscreen.html

7-Day Moving Average New Daily Case Rate per 100K by Jurisdiction (as Reported by MDH)

County	Feb 24	March 3	March 10	March 17
Statewide	10.4	7.9	5.1	5.0
Allegany	31.0	19.1	8.3	4.5
Anne Arundel	8.8	8.6	5.2	5.6
Baltimore	8.8	5.9	3.5	4.6
Baltimore City	18.7	6.0	4.9	6.1
Calvert	8.0	8.3	4.6	2.6
Caroline	10.3	5.1	4.7	3.4
Carroll	9.8	8.9	6.2	6.0
Cecil	11.3	21.9	7.1	5.1
Charles	7.9	7.4	6.7	4.9
Dorchester	12.1	4.0	7.2	5.4
Frederick	10.8	10.7	5.5	5.0
Garrett	33.0	37.4	9.9	19.7
Harford	8.6	7.1	6.5	5.4
Howard	10.8	9.8	5.6	6.4
Kent	9.6	5.9	2.9	1.5
Montgomery	9.4	7.5	6.0	4.8
Prince George's	5.6	6.4	4.1	3.5
Queen Anne's	9.4	6.5	4.0	6.0
St. Mary's	13.2	5.2	6.3	4.4
Somerset	8.9	8.4	1.1	9.5
Talbot	14.2	6.5	2.3	6.2
Washington	13.8	10.0	5.4	4.7
Wicomico	13.8	10.5	5.0	6.9
Worcester	7.7	6.8	2.7	0.3

Source: https://state-of-maryland.github.io/DailyCaseRatebyJurisdiction/index_fullscreen.html

Percentage of Total Population Fully Vaccinated (as Reported by MDH)

County	Feb 25	March 7	March 11	March 18
Statewide	73.9%	74.2%	74.3%	74.5%
Allegany	55.1%	55.3%	55.3%	55.4%
Anne Arundel	75.9%	76.2%	76.3%	76.4%
Baltimore	70.2%	70.5%	70.6%	70.7%
Baltimore City	63.3%	63.7%	63.8%	64.0%
Calvert	70.0%	70.3%	70.4%	70.5%
Caroline	56.3%	56.6%	56.6%	56.8%
Carroll	73.1%	73.3%	73.4%	73.5%
Cecil	57.2%	57.4%	57.4%	57.5%
Charles	68.8%	69.1%	69.2%	69.4%
Dorchester	57.9%	58.3%	58.3%	58.5%
Frederick	75.8%	76.1%	76.1%	76.3%
Garrett	49.1%	49.2%	49.2%	49.3%
Harford	68.4%	68.7%	68.7%	68.8%
Howard	84.6%	85.0%	85.0%	85.2%
Kent	66.6%	66.8%	66.8%	66.9%
Montgomery	85.3%	85.7%	85.8%	85.9%
Prince George's	72.4%	72.8%	72.9%	73.1%
Queen Anne's	65.4%	65.6%	65.6%	65.7%
St. Mary's	65.3%	65.5%	65.5%	65.6%
Somerset	50.0%	50.5%	50.6%	50.6%
Talbot	72.3%	72.4%	72.5%	72.6%
Washington	58.6%	58.9%	58.9%	59.0%
Wicomico	54.6%	54.8%	54.9%	55.0%
Worcester	70.4%	70.5%	70.5%	70.6%

Source: <https://coronavirus.maryland.gov/#Vaccine>

Percentage of Population Ages 5 and Over Fully Vaccinated (as Reported by MDH)

County	March 7	March 11	March 18
Statewide	79.0%	79.1%	79.2%
Allegany	57.9%	58.0%	58.0%
Anne Arundel	81.2%	81.3%	81.4%
Baltimore	74.9%	75.0%	75.1%
Baltimore City	67.9%	68.0%	68.2%
Calvert	74.3%	74.3%	74.4%
Caroline	60.2%	60.3%	60.4%
Carroll	77.6%	77.6%	77.7%
Cecil	60.8%	60.9%	61.0%
Charles	73.5%	73.6%	73.7%
Dorchester	61.7%	61.7%	61.9%
Frederick	80.9%	80.9%	81.0%
Garrett	51.6%	51.7%	51.7%
Harford	72.8%	72.8%	72.9%
Howard	90.3%	90.3%	90.5%
Kent	69.6%	69.6%	69.7%
Montgomery	91.3%	91.4%	91.6%
Prince George's	77.9%	78.0%	78.2%
Queen Anne's	69.1%	69.1%	69.2%
St. Mary's	69.8%	69.9%	70.0%
Somerset	52.9%	53.0%	53.0%
Talbot	76.0%	76.1%	76.1%
Washington	62.4%	62.5%	62.5%
Wicomico	58.4%	58.4%	58.6%
Worcester	73.5%	73.6%	73.6%

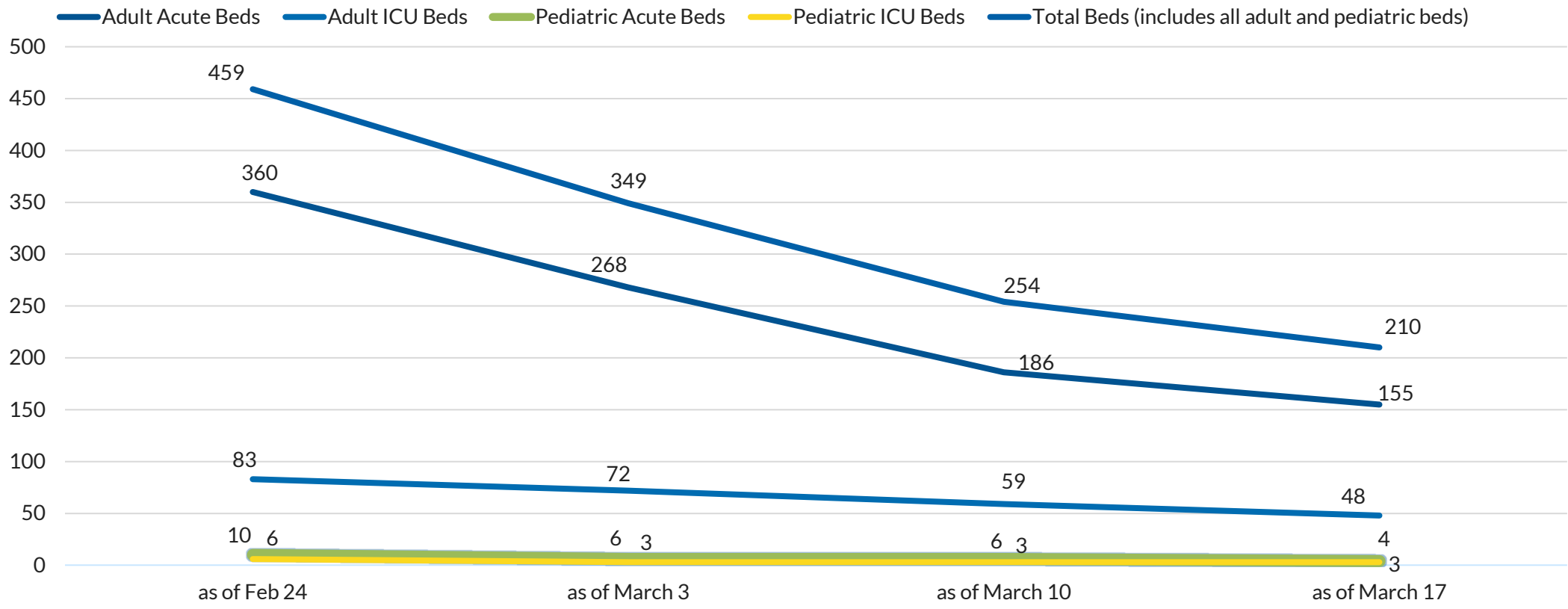
Source: <https://coronavirus.maryland.gov/#Vaccine>

Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by MDH)

	Feb 24	March 3	March 10	March 17
Adult Acute Beds	360	268	186	155
Adult ICU Beds	83	72	59	48
Pediatric Acute Beds	10	6	6	4
Pediatric ICU Beds	6	3	3	3
Total Beds (includes all adult and pediatric beds)	459	349	254	210

Source: <https://coronavirus.maryland.gov/>

Statewide Hospitalizations - ICU and Acute Hospital Beds for COVID-19, Currently in Use (as Reported by MDH)



Source: <https://coronavirus.maryland.gov/>

Total Number of Admission of Confirmed COVID-19 Patients (Adult and Pediatric) Over Past 7 Days by Jurisdiction (as Reported by the CDC)


County	Feb 28	March 4	March 11	March 18
Allegany	18	10	7	4
Anne Arundel	36	43	28	26
Baltimore	51	62	39	38
Baltimore City	75	45	28	27
Calvert	4	7	4	4
Caroline	0	1	2	0
Carroll	5	13	8	8
Cecil	2	6	7	3
Charles	4	7	7	4
Dorchester	0	1	1	0
Frederick	20	14	9	8
Garrett	1	4	3	2
Harford	14	15	17	7
Howard	9	24	15	15
Kent	0	0	0	0
Montgomery	32	46	45	26
Prince George's	30	40	39	23
Queen Anne's	0	2	2	0
St. Mary's	6	5	5	3
Somerset	0	2	1	1
Talbot	5	1	2	0
Washington	0	15	5	8
Wicomico	23	9	5	5
Worcester	3	5	3	2

Source: <https://covid.cdc.gov/covid-data-tracker/index.html#county-view>

Death Count Over Past 7 Days by Jurisdiction (as Reported by the CDC)

County	Feb 28	March 4	March 11	March 18
Statewide	102	84	69	53
Allegany	suppressed	suppressed	suppressed	suppressed
Anne Arundel	suppressed	suppressed	suppressed	suppressed
Baltimore	20	17	14	suppressed
Baltimore City	12	17	13	suppressed
Calvert	suppressed	suppressed	suppressed	0
Caroline	suppressed	0	suppressed	0
Carroll	suppressed	suppressed	suppressed	suppressed
Cecil	suppressed	suppressed	suppressed	0
Charles	suppressed	suppressed	suppressed	suppressed
Dorchester	suppressed	suppressed	suppressed	suppressed
Frederick	suppressed	suppressed	suppressed	suppressed
Garrett	0	suppressed	0	0
Harford	suppressed	suppressed	suppressed	suppressed
Howard	12	suppressed	0	suppressed
Kent	0	suppressed	0	0
Montgomery	15	16	suppressed	suppressed
Prince George's	16	11	11	suppressed
Queen Anne's	0	suppressed	0	suppressed
St. Mary's	0	Suppressed	0	suppressed
Somerset	0	0	suppressed	suppressed
Talbot	suppressed	suppressed	suppressed	suppressed
Washington	suppressed	suppressed	suppressed	suppressed
Wicomico	suppressed	suppressed	suppressed	suppressed
Worcester	suppressed	suppressed	0	0

Source: <https://covid.cdc.gov/covid-data-tracker/index.html#county-view>

- 
1. **Vaccinations and COVID-19 Testing**
 2. Quarantine and COVID-19 Data
 3. March 2022 - LEA Updated COVID Protocols: Mask Mandates & Testing Strategies
 4. Current Rates
 5. **CDC COVID-19 Community Levels**
 6. New Interim K-12 School and Child Care COVID-19 Guidance

CDC COVID-19 Community Levels

Looking at Community Levels in Maryland

New CDC Metric: COVID-19 Community Levels

The CDC has introduced a new metric to measure the impact of COVID-19 illness on health and healthcare systems.

The CDC considers a combination of **three data points** to determine the COVID-19 community level:

- **New COVID-19 admissions per 100,000 population** in the past 7 days.
- **Percent of staffed inpatient beds occupied** by COVID-19 patients.
- Total number of **new COVID-19 cases per 100,000 population** in the past 7 days.

The first two data points represent the current potential for strain on the health system, whereas the last data point acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

The CDC began publishing COVID-19 community-level data for each jurisdiction/county on a weekly basis starting **February 25, 2022**.

New CDC Metric: COVID-19 Community Levels

New Cases (per 100,000 population in the last 7 days)		Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)		<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)		<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)		NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)		NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days.

Source: CDC website, <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

COVID-19 Community Levels – Recommended Individual/Household Behaviors

If you live in a community categorized as high, the CDC recommends:

- Wearing a mask indoors in public.
- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.
- People at high risk for severe illness may need to take additional precautions.

If you live in a community categorized as medium, the CDC recommends:

- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.
- People at high risk for severe illness should talk to their healthcare provider about whether they need to wear a mask and take other precautions.

If you live in a community categorized

as low, the CDC recommends:

- Staying up-to-date with COVID-19 vaccines.
- Getting tested if symptomatic.

COVID-19 Community Levels – Recommended Prevention Strategies at State/Local Authority Level

The CDC recommends that **state/local authorities** implement the following community-level prevention strategies:

- **Distribute and administer vaccines** to achieve high community vaccination coverage and ensure health equity (low, medium, high).
- **Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations** (low, medium, high).
- **Ensure access to testing**, including through point-of-care and at-home tests for all people (low, medium, high).
- **Maintain improved ventilation** in public indoor spaces (low, medium, high).

COVID-19 Community Levels – Recommended Prevention Strategies at State/Local Authority Level

The CDC recommends that **state/local authorities** implement the following community-level prevention strategies for **medium and/or high classifications**:

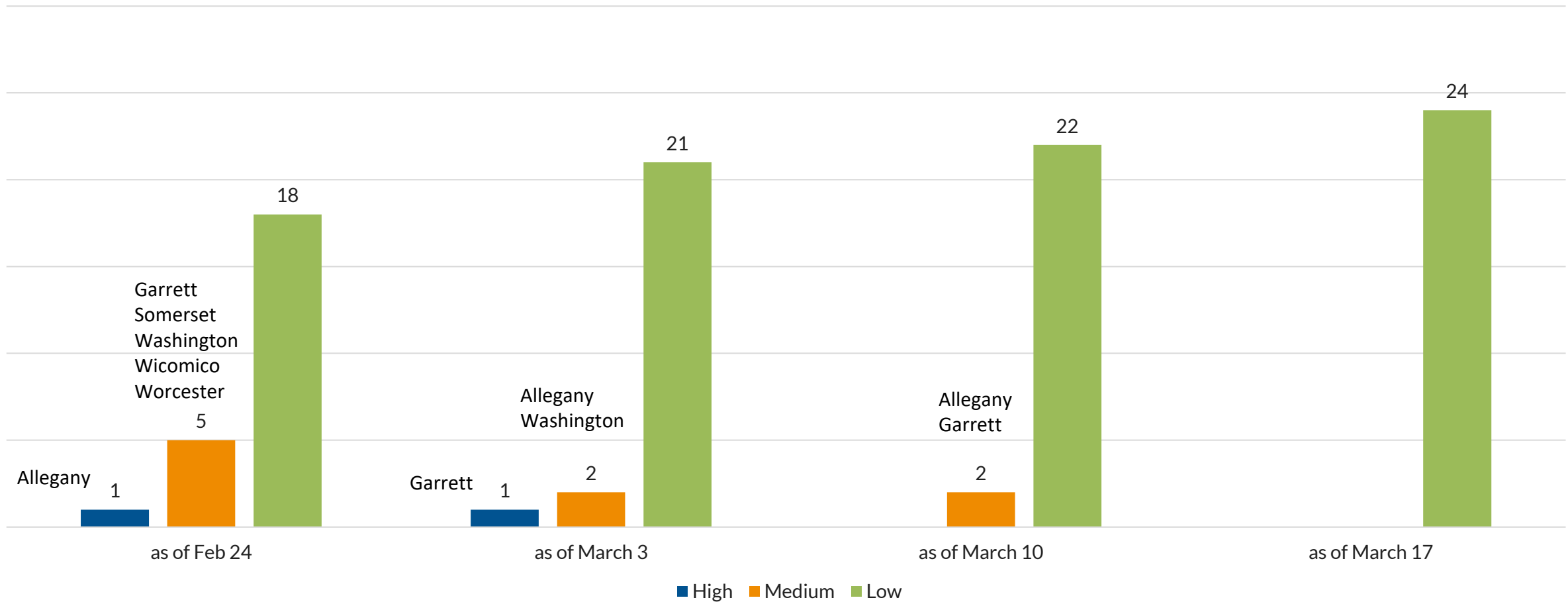
- Consider implementing **screening testing or other testing strategies** for people who are exposed to COVID-19 (medium, high).
- Implement **enhanced prevention measures** in high-risk congregate settings (medium, high).
- **Protect people at high risk** for severe illness or death by ensuring equitable access to vaccination, testing, treatment, and support services (medium, high).
- Consider setting-specific recommendations for **prevention strategies based on local factors** (high only).
- Implement **healthcare surge support** as needed (high only).

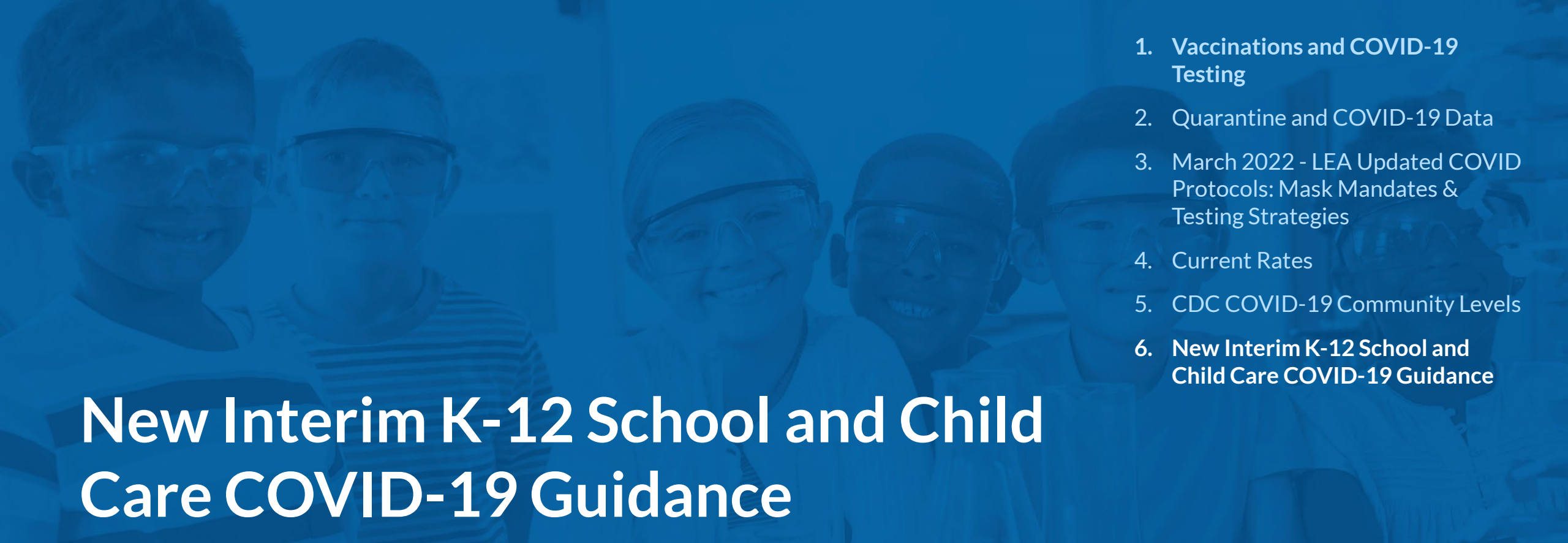
COVID-19 Community Levels by Jurisdiction (as Reported by the CDC)

County	Feb 24	March 3	March 10	March 17
Allegany	High	Medium	Medium	Low
Anne Arundel	Low	Low	Low	Low
Baltimore	Low	Low	Low	Low
Baltimore City	Low	Low	Low	Low
Calvert	Low	Low	Low	Low
Caroline	Low	Low	Low	Low
Carroll	Low	Low	Low	Low
Cecil	Low	Low	Low	Low
Charles	Low	Low	Low	Low
Dorchester	Low	Low	Low	Low
Frederick	Low	Low	Low	Low
Garrett	Medium	High	Medium	Low
Harford	Low	Low	Low	Low
Howard	Low	Low	Low	Low
Kent	Low	Low	Low	Low
Montgomery	Low	Low	Low	Low
Prince George's	Low	Low	Low	Low
Queen Anne's	Low	Low	Low	Low
St. Mary's	Low	Low	Low	Low
Somerset	Medium	Low	Low	Low
Talbot	Low	Low	Low	Low
Washington	Medium	Medium	Low	Low
Wicomico	Medium	Low	Low	Low
Worcester	Medium	Low	Low	Low

Source: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

COVID-19 Community Levels – Count by Jurisdiction (as Reported by the CDC)





New Interim K-12 School and Child Care COVID-19 Guidance

1. Vaccinations and COVID-19 Testing
2. Quarantine and COVID-19 Data
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4. Current Rates
5. CDC COVID-19 Community Levels
6. **New Interim K-12 School and Child Care COVID-19 Guidance**

The Latest School and Child Care COVID-19 Guidance

New Interim K-12 School and Child Care COVID-19 Guidance (Issued 3/2/2022)

The MDH/MSDE issued new interim **COVID-19 guidance for K-12 school and child care settings** on March 3, 2022.

The MDH/MSDE **support the use of the CDC's new COVID-19 Community Levels** and associated recommendations to inform decision making about the use of layered prevention strategies to decrease the risk of COVID-19 transmission in schools and child care programs.

Schools and child care programs may choose to align their prevention strategies with these CDC recommendations.

The MDH and MSDE recommend that **local school systems, nonpublic schools, and child care programs consult with their local health departments** on implementing these CDC recommendations.

COVID-19 Guidance: Use of Masking

Schools and child care programs should be aware that at all CDC COVID-19 Community Levels, people can choose to wear a mask based on personal preference or informed by personal level of risk.

The CDC recommends, however, universal indoor mask wearing only at the high COVID-19 Community Level.

Individuals with COVID-19 symptoms, a positive test, or exposure to someone with COVID-19 should follow CDC guidance for isolation and quarantine and wear a mask regardless of the COVID-19 Community Level.

Effective February 25, 2022, the CDC is exercising its enforcement discretion to not require wearing masks on buses or vans operated by public or private school systems, including early care and education/child care programs; however, masks should still be worn in the situations noted above.

COVID-19 Guidance: Contact Tracing

Based on guidance from the CDC and other national public health organizations, universal **contact tracing is no longer needed in schools and child care programs.**

Schools and child care programs may elect to continue contact tracing as resources permit.

All schools and child care programs should focus on identifying symptomatic COVID-19 cases by excluding staff and students/children who have symptoms of an infectious illness, including COVID-19 symptoms, and recommending testing for COVID-19 if appropriate.

COVID-19 Guidance: Case Identification

When universal contact tracing is not being implemented in a school or child care program and a COVID-19 case has been identified in a staff member or a student/child:

- The school or child care program should continue to exclude the staff member or student/child and **enforce CDC isolation guidance.**
- The staff member with COVID-19 or parents of the student/child with COVID-19 should be instructed to notify their own/their child's close contacts.
- Schools and child care programs **should provide notification of the COVID-19 case to the school or child care community at the cohort level** (e.g., classroom level or grade level as appropriate) and encourage self-identification and quarantine for persons who may have been in close contact and are not up to date on COVID-19 vaccinations.

COVID-19 Guidance: Case Identification (contd.)

Schools and child care programs must continue to follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the local health department when a staff member or student/child has tested positive for COVID-19.

When an outbreak is identified, schools and child care programs should identify close contacts of all persons with COVID-19 in the school or child care setting through contact tracing and exclude them for quarantine according to CDC guidance.

Additional measures to mitigate the outbreak may also need to be implemented, in consultation with the local health department.

LEAs/Individual Schools Shifting to Virtual Instruction - Update

No LEAs or individual schools are currently in a fully virtual instructional mode due to COVID-19 as of March 18, 2022.



MSDE – Board of Education Meeting

MDH K-12 Testing Metrics & Materials

03/10/2022

MDH K-12 Testing – Screening Program Metrics

Total # of Test Administered by Month in 2022 – Breakdown by Public vs. Private Schools by County						
Counties	January		February		March 1-8	
Allegany	0	54	0	56	0	18
Anne Arundel	2,614	4,724	2,278	6,186	533	453
Baltimore	9,950	9,048	7,907	8,457	1,206	1,959
Baltimore City	141,297	15,383	167,163	14,012	22,493	2,111
Calvert	0	0	0	0	0	0
Caroline	444	0	257	0	0	0
Carroll	0	0	0	0	0	0
Cecil	2	0	0	0	0	0
Charles	18,868	0	18,757	22	3087	0
Dorchester	1,299	0	1,200	0	210	0
Fredrick	0	276	0	330	0	83
Garrett	0	0	0	0	0	0

**Public School # in green and private school # in blue*

MDH K-12 Testing – Screening Program Metrics

Total # of Test Administered by Month in 2022 – Breakdown by Public vs. Private Schools by County						
Counties	January		February		March 1-8	
Harford	1,935	0	1,583	0	16	0
Howard	4,211	617	118	965	10	202
Kent	107	0	52	0	0	0
Montgomery	50,727	44,046	69,786	49,896	16,371	8,484
Prince George	9,467	4,651	8,066	9,521	1,102	1,929
Queen Anne's	663	76	161	141	6	0
Saint Mary's	0	0	0	0	0	0
Somerset	439	0	522	0	0	0
Talbot	690	0	273	0	8	0
Washington	0	42	0	55	0	12
Wicomico	351	0	301	0	2	0
Worcester	1,423	0	457	0	4	0
Total	244,487	78,917	278,881	89,641	45,048	15,251

MDH K-12 Testing – Diagnostic POC Tests

Diagnostic POC Test Distributed to K-12 Schools by County – Aug, 2021 – Mar, 2022 (SY21-Current)	
County	Sum of # Tests
Allegany	1,280
Anne Arundel	38,040
Baltimore	60,040
Baltimore City	84,560
Calvert	480
Caroline	2,960
Carroll	9,720
Cecil	9,640
Charles	5,000
Garrett	6,760
Harford	24,880
Howard	23,160
Kent	640
Montgomery	101,920
Prince George's	93,600
Queen Anne's	7,720
Saint Mary's	1,480
Somerset	640
Talbot	1,640
Washington	7,760
Wicomico	17,720
Worcester	15,840
Grand Total	515,480

MDH K-12 Testing – Future OTC Requests

Future OTC Distribution Request			
County	Non-Public	Public	Total
Allegany	180	0	180
Anne Arundel	1,890	0	1,890
Baltimore	3,240	0	3,240
Baltimore City	3,510	0	3,510
Caroline	0	720	720
Carroll	540	0	540
Cecil	540	1,080	1,620
Charles	90	36,000	36,090
Frederick	180	810	990
Harford	180	27,000	27,180
Howard	1,260	0	1,260
Montgomery	9,830	190,000	199,830
Prince George's	3,870	0	3,870
St. Mary's	180	0	180
Talbot	270	0	270
Washington	900	0	900
Wicomico	180	0	180
Worcester	0	1,350	1,350
Grand Total	26,840	256,960	283,800